

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
EMERGENCY CARE DATA RECORD
MANUAL ABSTRACT REPORTING FORM
For use with encounter visits on or after October 1, 2004

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Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements (Title 22, Sections 97251 through 97265)

| | | |
|---|--|---|
| A. FACILITY ID NUMBER <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> | B. ABSTRACT RECORD NUMBER (Optional) <div style="border: 1px solid black; width: 220px; height: 20px; margin: 5px 0;"></div> | |
| 1. DATE OF BIRTH <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Month Day Year (4-digit) </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> M M D D C C Y Y </div> | <div style="display: flex;"> <div style="flex: 1;"> 2. SEX F Female M Male U Unknown <div style="border: 1px solid black; width: 20px; height: 20px; margin-top: 10px;"></div> </div> <div style="flex: 1;"> 3. RACE R1 American Indian or Alaska Native R2 Asian R3 Black or African American R4 Native Hawaiian or Other Pacific Islander R5 White R9 Other Race 99 Unknown </div> </div> | 4. ETHNICITY E1 Hispanic or Latino E2 Non-Hispanic or Non-Latino 99 Unknown <div style="border: 1px solid black; width: 20px; height: 20px; margin-top: 10px;"></div> |
| 5. ZIP CODE <div style="border: 1px solid black; width: 80px; height: 20px; margin: 5px 0;"></div> <p style="font-size: x-small; margin-top: 5px;">99999 = Unknown</p> | 6. PATIENT'S SOCIAL SECURITY NUMBER <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 80px; height: 20px;"></div> </div> <p style="font-size: x-small; margin-top: 5px;">Report 000000001(Unknown) if not recorded in the patient's medical record</p> | |
| 7. SERVICE DATE <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Month Day Year (4-digit) </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> M M D D C C Y Y </div> | <div style="display: flex;"> <div style="flex: 1;"> 8. PRINCIPAL DIAGNOSIS ICD-9-CM CODE <div style="border: 1px solid black; width: 80px; height: 20px; margin-top: 5px;"></div> </div> <div style="flex: 1;"> 10. PRINCIPAL E-CODE ICD-9-CM CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> </div> <div style="flex: 1;"> 12. PRINCIPAL PROCEDURE CPT-4 CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> </div> </div> | |
| 9. OTHER DIAGNOSES ICD-9-CM CODE <div style="margin-top: 10px;"> a. <div style="border: 1px solid black; width: 80px; height: 20px;"></div> b. <div style="border: 1px solid black; width: 80px; height: 20px;"></div> c. <div style="border: 1px solid black; width: 80px; height: 20px;"></div> d. <div style="border: 1px solid black; width: 80px; height: 20px;"></div> e. <div style="border: 1px solid black; width: 80px; height: 20px;"></div> f. <div style="border: 1px solid black; width: 80px; height: 20px;"></div> g. <div style="border: 1px solid black; width: 80px; height: 20px;"></div> h. <div style="border: 1px solid black; width: 80px; height: 20px;"></div> i. <div style="border: 1px solid black; width: 80px; height: 20px;"></div> j. <div style="border: 1px solid black; width: 80px; height: 20px;"></div> </div> | 11. OTHER E-CODES ICD-9-CM CODE <div style="margin-top: 10px;"> a. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> b. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> c. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> d. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> | 13. OTHER PROCEDURES CPT-4 CODE <div style="margin-top: 10px;"> a. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> b. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> c. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> d. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> e. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> f. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> g. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> h. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> i. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> j. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> |

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A. FACILITY ID NUMBER

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B. ABSTRACT RECORD NUMBER (Optional)

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1. DATE OF BIRTH (MMDDCCYY)

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7. SERVICE DATE (MMDDCCYY)

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9. OTHER DIAGNOSES

ICD-9-CM CODE

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14. DISPOSITION OF PATIENT

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- 01 Discharged to home or self care (routine discharge)
- 02 Discharged/transferred to another short term general hospital for inpatient care
- 03 Discharged/transferred to skilled nursing facility (SNF)
- 04 Discharged/transferred to an intermediate care facility (ICF)
- 05 Discharged/transferred to another type of institution for inpatient care
- 06 Discharged/transferred to home under care of organized home health service org.
- 07 Left against medical advice or discontinued care
- 08 Discharged/transferred to home under care of a Home Intravenous (IV) provider
- 20 Expired
- 43 Discharged/transferred to a federal hospital
- 50 Discharged home with hospice care
- 51 Discharged to a medical facility with hospice care
- 61 Discharged to hospital-based Medicare approved swing bed
- 62 Discharged/transferred to another rehabilitation facility including rehabilitation distinct part unit of a hospital
- 63 Discharged/transferred to a long term care hospital
- 64 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 00 Other

13. OTHER PROCEDURES

CPT-4 CODE

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B. ABSTRACT RECORD NUMBER (Optional)

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1. DATE OF BIRTH (MMDDCCYY)

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7. SERVICE DATE (MMDDCCYY)

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15. EXPECTED SOURCE OF PAYMENT

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- 09 Self Pay
11 Other Non-federal programs
12 Preferred Provider Organization (PPO)
13 Point of Service (POS)
14 Exclusive Provider Organization (EPO)
16 Health Maintenance Organization (HMO) Medicare Risk
AM Automobile Medical
BL Blue Cross/Blue Shield
CH CHAMPUS (TRICARE)
CI Commercial Insurance Company
DS Disability
HM Health Maintenance Organization
MA Medicare Part A
MB Medicare Part B
MC Medicaid (Medi-Cal)
OF Other federal program
TV Title V
VA Veterans Affairs Plan
WC Workers' Compensation Health Claim
00 Other